

REMARKS/ARGUMENTS

Favorable reconsideration of this application, as presently amended and in light of the following discussion, is respectfully requested.

Claims 16 and 18-38 are presently pending in this application, Claims 1-15 having been withdrawn from further consideration by the Examiner, Claims 1-15 and 17 having been canceled, Claims 16 having been amended and Claims 21-38 having been newly added by the present amendment.

In the outstanding Office Action, Claim 16 was rejected under 35 U.S.C. §102(e) as being anticipated by Bisgaier et al. (U.S. Publication 2004/0038891); and Claims 16 and 18-20 were rejected under 35 U.S.C. §103(a) as being unpatentable over Bisgaier et al. as evidenced by Welch et al. (U.S. Publication 2006/0257866).

Claim 1 has been amended to clarify the subject matter recited therein, and Claims 21-38 have been newly added. These amendments and additions in the claims find support in the specification, claims and/or drawings as originally filed, for example, the specification, page 12, paragraph 35, to page 20, paragraph 62, page 20, paragraph 62, to page 24, paragraph 77, and no new matter is believed to be added thereby. If, however, the Examiner disagrees, the Examiner is invited to telephone the undersigned who will be happy to work in a joint effort to derive mutually satisfactory claim language.

Before addressing the rejections based on the cited reference, a brief review of Claim 16 as currently amended is believed to be helpful. Claim 16 of the present invention is directed to a method for improving prognosis, neurological symptoms, or motor dysfunction of a disease resulting from cerebral ischemia reperfusion, and it recites: “administering an effective amount of paraoxonase to improve one of prognosis, neurological symptoms and motor dysfunction of a disease resulting from cerebral ischemia reperfusion to a patient in need thereof.”

It is respectfully submitted that neither Bisgaier et al. nor Welch et al. teaches or suggests a method for improving prognosis, neurological symptoms, or motor dysfunction of a disease resulting from cerebral ischemia reperfusion, in which an effective amount of paraoxonase is administered to improve one of prognosis, neurological symptoms and motor dysfunction of a disease resulting from cerebral ischemia reperfusion to a patient in need thereof.

More specifically, Bisgaier et al. describes methods and compositions for treating or preventing *cardiac* ischemic reperfusion injury. Referring to Figs. 1-19 and Examples in Bisgaier et al., Bisgaier et al. demonstrates and illustrates the efficacy and the cardioprotective effects in the *reperfused isolated ischemic heart* and in an in-vivo model of *regional myocardial ischemia and reperfusion*.¹ And nowhere does Bisgaier et al. describe or suggest that any of its preventive ischemic reperfusion injury agents (apolipoproteins, lecithin cholesterol acyltransferase and paroxonase) be administered to improve prognosis, neurological symptoms, or motor dysfunction of a disease resulting from cerebral ischemia reperfusion or cerebral infarction. And Welch et al. is cited simply for the proposition that CHAPS (3-[(3-cholamidopropyl)dimethylammonio]-1-propanesulfonate) is a pharmaceutical surfactant and detergent.

Therefore, it is respectfully submitted that the method recited in Claim 16 is believed to be distinguishable from both Bisgaier et al. and Welch et al., and because these references fail to disclose the administration of paraoxonase as recited in Claim 16, their teachings even combined are not believed to render the method for improving injuries resulting from cerebral ischemia reperfusion of Claim 1 obvious.

Claim 28 is directed to a method for improving prognosis, neurological symptoms, or motor dysfunction of a disease resulting from cerebral infarction, and it recites

¹ See, for example, Bisgaier et al., page 10, paragraph 105, to page 15, paragraph 144.

“administering an effective amount of paraoxonase to improve one of prognosis, neurological symptoms and motor dysfunction of a disease resulting from cerebral infarction to a patient in need thereof.” Thus, Claim 28 is also believed to be distinguishable from Bisgaier et al. and Welch et al.

For the foregoing reasons, Claims 16 and 28 are believed to be allowable. Furthermore, since Claims 18-27 and 29-38 depend directly or indirectly from either Claim 16 or 28, substantially the same arguments set forth above also apply to these dependent claims. Hence, Claims 18-27 and 29-38 are believed to be allowable as well.

In view of the amendments and discussions presented above, Applicants respectfully submit that the present application is in condition for allowance, and an early action favorable to that effect is earnestly solicited.

Respectfully submitted,

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